

NEBRASKA BOARD OF PUBLIC ACCOUNTANCY

P.O. Box 94725, Lincoln, NE 68509-4725

(402) 471-3595 or (800) 564-6111

**APPLICATION TO REINSTATE
ACTIVE PERMIT**

This application is to be used by Inactive Registrants who desire to reinstate an active permit to practice pursuant to Title 288, Chapter 8, Section 009 "Reinstatement of Inactive Members": "Any registrant, who has held a permit to practice and who currently holds an inactive registration, who desires to return to active status shall first notify the Board. Before being readmitted to the status of an active licensee, such person shall file with the Board a properly completed affidavit of attendance establishing that he has successfully completed fifteen days (120 hours) of approved courses of continuing education within the three calendar years preceding the date on which readmission to active status is sought."

Application must include \$210 fee and affidavits of attendance at approved continuing education courses. Return to above address. **Incomplete applications will be returned unprocessed and deemed not to have been received. This application expires six months from date of application.**

Certificate # _____

Legal Name _____
first name middle name (no initials) last name

Mailing Address _____
Street or PO Box City State Zip

Work Phone No. _____ Home Phone No. _____

Date of Birth _____ Social Security # _____

E-mail Address _____ Fax Number _____

DISCLOSURE STATEMENTS (Pursuant to Section 1-137 of the Public Accountancy Act)

1. Since the date of your last application for a license have you been convicted of a felony by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)
☐ No. ☐ Yes.
2. Since the date of your last application for a license have you been convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)
☐ No. ☐ Yes.
3. Since the date of your last application for a license have you had any professional or vocational license revoked or suspended, or been subject to other disciplinary action regarding such a license in this state or any other state, or by the United States government? (If yes, please attach a separate page giving details regarding the action taken, by what agency, dates and locations.)
☐ No. ☐ Yes.

State Board Use Only (1/01) Code: 03-7511 # of Approved CPE Hrs. _____

Date Recd. _____ Check # _____ Rect. # _____ Amount \$ 210

4.a. EMPLOYMENT STATUS:

☐ I am not employed at all at this time.

OR ☐ I am employed by/at:

4.b. CPA FIRM STATUS:

☐ This IS a registered, licensed CPA firm.

OR ☐ This is NOT a registered, licensed CPA firm.

What type of business is this? _____

Name _____

Address _____

City, State, Zip _____

Phone _____

Check one: ☐ I am an owner/partner/shareholder/member of the above. **OR** ☐ I am an employee of the above.

5. Do you currently practice public accountancy in the state of Nebraska?

☐ No. ☐ Yes. (You must have an active permit to do so.)

6. Do you currently hold yourself out as a CPA in the state of Nebraska?

☐ No. ☐ Yes. (You must have an active permit to do so.)

7. Will you practice public accountancy in the state of Nebraska if an active permit to practice is issued?

☐ No. ☐ Yes. (You must have an active permit, and you may only do so in a licensed, registered CPA firm.)

8. Will you hold yourself out as a CPA in the state of Nebraska if an active permit to practice is issued?

☐ No. ☐ Yes. (You must have an active permit to do so.)

9. Have you established an office for the practice of public accountancy as a **sole proprietor**? (NOTE: If you are practicing public accountancy, even on a part-time basis, including preparing and signing income tax returns as a CPA, then you must register as a sole proprietor - which requires the completion of a separate registration form.)

☐ No. (**Please sign your name and date form below.**)

☐ Yes. (**You must attach the "Application for CPA firm (Initial Set-Up) as a Sole Proprietor."**)

Complete and attach the Report of Continuing Education Attendance to show proof of 120 hours in the three calendar years immediately preceding the date of this application.

Complete a separate reporting form for each different year courses were taken. Do not mix courses from different years on the same form. Copy the reporting form as many times as necessary. Call the Board office at (402) 471-3595 or (800) 564-6111 in Nebraska if you have questions regarding Continuing Education or the reinstatement process.

ALL APPLICANTS MUST SIGN/DATE FORM & INCLUDE \$210 FEE BEFORE RETURNING.

The information provided on this application is true and accurate to the best of my knowledge. I understand that this permit expires on June 30. I also understand that to renew this permit in the next renewal cycle, I must have taken at least 80 hours of Continuing Education credit in the two years preceding renewal and that it must be filed with the Board no later than January 31 of each calendar year.

Date _____ Signature _____

REPORT OF CONTINUING EDUCATION ATTENDANCE FOR CALENDAR YEAR _____

DEADLINE: JANUARY 31

MAIL TO: Nebraska Board of Public Accountancy

Correct the following personal information, if necessary.

P.O. Box 94725, Lincoln, NE 68509

Date of Birth: _____

Certificate #: _____

Name: _____
first name middle name last name

Address: _____
Street or PO Box City State Zip

Work Phone: _____ **E Mail Address:** _____ **Employer:** _____

☐ **I have NOT taken any Continuing Education hours in the above calendar year and will not be reporting any.** (Check this box if this applies to you; make any mailing address corrections above, sign, date and return this form to the Board by January 31.)

See the back of this form for instructions on completion. This form may be reproduced or additional copies may be requested from the Board of Public Accountancy. Report only those hours which have not been previously reported. Use a separate reporting form for each year; do not mix courses from different years on the same form.

PROGRAM SPONSOR	LOCATION	TITLE	DATES	*TYPE	HOURS	**FILE #
				F S C I P Q		
				F S C I P Q		
				F S C I P Q		
				F S C I P Q		
				F S C I P Q		
				F S C I P Q		

*See code on back; circle correct type. **Enter file # if you have it.

TOTAL HOURS _____

Persons with an **odd** year of birth will have permits expiring June 30, 2002 and will need to show 80 hours of acceptable continuing professional education in the two preceding calendar years: 2000 and 2001.

Persons with an **even** year of birth will have permits expiring June 30, 2003 and will need to show 80 hours of acceptable continuing professional education in the two calendar years preceding renewal: 2001 and 2002.

I certify that the above provided information is true and correct. I understand that all credit is subject to the Board's review and approval or disapproval. I agree to retain all documentation relating to the above programs and to maintain records substantiating the continuing education credit claims. I understand that to provide false or misleading information on this report could be grounds for disciplinary action under Section 1-137 of the Public Accountancy Act.

Date

Signature of Applicant for Permit

FOR BOARD USE ONLY:

TOTAL HOURS RECORDED: _____

TOTAL HOURS INELIGIBLE: _____

CPE DEFICIENCY (# of Hours) _____

Total Hours Recorded for 2001:

Formal _____ Formal/college _____

Self-Study _____ Formal/committee _____

I & P _____ Formal/QEP _____

9/01

**INSTRUCTIONS FOR COMPLETING THE
REPORT OF CONTINUING EDUCATION ATTENDANCE FORM
(see reverse side)**

The Public Accountancy Act (Section 1-136.01) requires that licensees with an active permit to practice shall have completed acceptable continuing education in the amount of 80 hours within the two preceding calendar years for the renewal of a permit to practice. Each permit holder must maintain records substantiating the continuing education credits claimed as a prerequisite for renewal of a permit to practice.

This form must be used to report continuing education credits and be filed in the Board office not less than five months prior to the permit renewal date (by January 31 of each year). Credit will be given for whole hours only. Failure to comply with the instructions may delay the processing and recording of your CPE credits.

IF YOU HAVE NOT TAKEN ANY HOURS IN THIS CALENDAR YEAR, YOU MUST STILL FILE THIS FORM WITH THE BOARD BY JANUARY 31. CHECK THE BOX LOCATED BELOW YOUR NAME AND ADDRESS, SIGN THE FORM AT THE BOTTOM AND RETURN IT TO THE BOARD OFFICE.

Report only those hours which have not been previously reported. Report whole hours only; the Board does not recognize fractions of hours. Use a separate reporting form for each year; do not mix courses from different years.

When reporting the courses taken, use the following coding system under "*Type." Please note any additional requirements for reporting each type of program.

CODE for TYPE of Program Attended:

F = Formal Program with Class Attendance

1. Professional development programs of national and state professional accounting societies.
2. Technical sessions at meetings of national and state accounting societies and chapters.
3. University or college courses, credit or non-credit courses. Credit will be given in period in which course is completed. Non-credit courses taken in educational institutions must have signed statement from instructor of hours attended. **You must attach documentation showing successful completion of the course. No more than 40 hours of semester or quarter hours will be allowed in any two-year time frame.**
4. Formal, organized, in-firm educational programs. Must be at least 50 minutes of continuous instruction. Portions of such meetings devoted to administrative and firm matters cannot be included.
5. Programs in other organizations (accounting; professional; appropriate private sector, accounting focused). Must have at least one hour of presentation on professional topics.

S = Correspondence or Self-study Programs

Original certificates of completion issued by sponsor must be attached to this form. Credit will be allowed in renewal period in which the certificate of completion is dated. **Maximum allowable credit will not exceed 50% of total requirement.**

C = Technical Committee Service

I = Instruction or Presentation of Programs

Maximum allowable credit for subject preparation is two hours for each hour of presentation. Repetitious presentations do not qualify. **Maximum allowable credit will not exceed 50% of total requirement.**

P = Published Articles or Books

Q = QEP and Peer Review Programs

RETURN TO: Nebraska Board of Public Accountancy
P.O. Box 94725, Lincoln, NE 68509

Deadline for submission is January 31.

Questions? Concerns? please call the Board office at 1-800-564-6111 or 402-471-3595